


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS.
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DOCUMENT # **849759** (6)  
1. Corporation Name  
**HEATH CONSULTANTS INCORPORATED**

Principal Place of Business  
**8030 MONROE RD  
P O BOX 9114  
HOUSTON TX 77061  
US**

Mailing Address  
**8030 MONROE RD  
P O BOX 9114  
HOUSTON TX 77061  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/17/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26		4. FEI Number <b>04-2144731</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	Country	29 Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EYNON, STUART B</b>			1.2 NAME			
STREET ADDRESS	<b>11 FRANKLAND RD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ASHLAND, MA 00000</b>			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASSICOTTE, NORMAND D</b>			2.2 NAME			
STREET ADDRESS	<b>1400 EL CAMINO VILLAGE DR #2702</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HOUSTON TX</b>			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MIDGLEY, GRAHAM G.</b>			3.2 NAME			
STREET ADDRESS	<b>4210 ROCK SPRINGS DRIVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>KINGWOOD TX</b>			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MUNRO, M VANCE</b>			4.2 NAME			
STREET ADDRESS	<b>5 PATRICIA RD</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FRAMINGHAM, MA 00000</b>			4.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEATH, RUTH T</b>			5.2 NAME			
STREET ADDRESS	<b>80 OLD ORCHARD RD</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SHERBORN, MA 00000</b>			5.4 CITY-ST-ZIP			
TITLE	CTD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEATH JR, MILTON W</b>			6.2 NAME			
STREET ADDRESS	<b>80 OLD ORCHARD RD</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SHERBORN, MA 00000</b>			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Normand D Massicotte* **NORMAND D MASSICOTTE** 7/26/97 713-844-1200

CR2E034 (4/97)